

SCC eFile
(6/10)

**2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

211523113

1.) CORPORATION NAME:

NAVAL SUBMARINE LEAGUE

DUE DATE: **6/30/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

OFFICER

C. MICHAEL GARVERICK

5025D BACKLICK ROAD

PO BOX 1146

SCC ID NO: **02313245**

5.) STOCK INFORMATION

CLASS

AUTHORIZED

ANNANDALE, VA 22003

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5025 D BACKLICK ROAD
PO BOX 1146

CITY/ST/ZIP: ANNANDALE, VA 22003-9146

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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OFFICER

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DIRECTOR

NAME: C J IHRIG
TITLE: SECRETARY
ADDRESS: 8236 THE MIDWAY
CITY/ST/ZIP/CO: ANNANDALE, VA 22003-

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OFFICER

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DIRECTOR

NAME: RICHARD W MIES
TITLE: CHAIRMAN
ADDRESS: 10505 BEAVER POND CT
CITY/ST/ZIP/CO: FAIRFAX STATION, VA 22039-

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OFFICER

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DIRECTOR

NAME: C M GARVERICK
TITLE: ED
ADDRESS: 4333 ASHFORD LN
CITY/ST/ZIP/CO: FAIRFAX, VA 22032-

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OFFICER

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DIRECTOR

NAME: JOHN CASEY
TITLE: DIRECTOR
ADDRESS: 75 EASTERN POINT RD
CITY/ST/ZIP/CO: GROTON, CT 06340-

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OFFICER

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DIRECTOR

NAME: JOHN B PADGETT III
TITLE: PRESIDENT
ADDRESS: 172 MILE CREEK RD
CITY/ST/ZIP/CO: OLD LYME, CT 06371-1720

NAME:	FRANK L. BOWMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	13614 QUERY MILL RD		
CITY/ST/ZIP/CO:	NORTH POTOMAC, MD 20878-		
NAME:	JOHN PHILLIP DAVIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1201 M ST SE		
CITY/ST/ZIP/CO:	SUITE 110 WASHINGTON, DC 20003-3710		
NAME:	BRUCE DEMARS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2303 WINDSOR RD		
CITY/ST/ZIP/CO:	ALESANDRIA, VA 22307-1025		
NAME:	GEORGE W. EMERY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 753		
CITY/ST/ZIP/CO:	KENNEBUNKPORT, ME 04046-		
NAME:	MICHAEL E FEELEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2120 HICKORY ST		
CITY/ST/ZIP/CO:	SAN DIEGO, CA 92103-1518		
NAME:	JOHN P. FOX	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	15825 ROXFORD ST		
CITY/ST/ZIP/CO:	SYLMAR, CA 91342-3597		
NAME:	DAVID A. GOVE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6 MAITLAND CT		
CITY/ST/ZIP/CO:	NEWPORT, RI 02840-		
NAME:	JOSEPH G HENRY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	956 GETTYSVUE DR		
CITY/ST/ZIP/CO:	KNOXVILLE, TN 37922-		
NAME:	DONALD F. MCCORMACK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	NAVAL UNDERSEA WEAPONS CENTER		
CITY/ST/ZIP/CO:	1176 HOWELL ST NEWPORT, RI 02841-1708		
NAME:	C. MICHAEL PETTERS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4101 WASHINGTON AVE		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23607-2734		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID T. PERRY DIRECTOR 1070 SEMINOLE TRAIL CHARLOTTESVILLE, VA 22901-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEROME I. ROSENSTOCK DIRECTOR 115 TOWNSHIP LINE RD EXTON, PA 19341-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID L. STANFORD DIRECTOR 10606 VICKERS DR VIENNA, VA 22181-3029	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY PAT SALOMONE DIRECTOR HARRIS BUILDING 13024 BALLANTYNE CORPORATE PL STE 700 CHARLOTTE, NC 28277-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWARD G LISZKA DIRECTOR PO BOX 30 APPLIED PHYSICS LABORATORY STATE COLLEGE, PA 16804-0030	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STANLEY R. SZEMBORSKI DIRECTOR 1002 DANTON LN ALEXANDRIA, VA 22308-2620	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	G. DANIEL TYLER DIRECTOR 11100 JOHNS HOPKINS RD BLDG 8-354 LAUREL, MD 20723-6099	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS A. VECCHIOLLA DIRECTOR 50 APPLE HILL DR TEWKSBURY, MA 01876-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ C M GARVERICK		C M GARVERICK, ED	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			